

<i>SERFF Tracking Number:</i>	<i>NAVG-125926847</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Navigators Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>EPL-F-0808-AR</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1010 Employment Practices Liability</i>
<i>Product Name:</i>	<i>Employment Practices Liability</i>		
<i>Project Name/Number:</i>	<i>EPL New Form Filing/EPL-F-0808-AR</i>		

Filing at a Glance

Company: Navigators Insurance Company

Product Name: Employment Practices Liability SERFF Tr Num: NAVG-125926847 State: Arkansas

TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 17.1010 Employment Practices Liability Co Tr Num: EPL-F-0808-AR State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts

Author: Sean Hayes

Date Submitted: 12/02/2008

Disposition Date: 12/09/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: EPL New Form Filing

Project Number: EPL-F-0808-AR

Reference Organization:

Reference Title:

Filing Status Changed: 12/09/2008

State Status Changed: 12/09/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We are submitting the above referenced new forms for your review and approval. Upon approval, these forms will be used with our Employment Practices Liability Program which has being previously approved by your state. The endorsements amend our approved Employment Practices Liability Insurance Policy. There is no additional premium charge for these endorsements. We reserve the right to change fonts and layouts.

Please make the effective date of the filing the date of your approval.

SERFF Tracking Number: NAVG-125926847 State: Arkansas
Filing Company: Navigators Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: EPL-F-0808-AR
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability
Product Name: Employment Practices Liability
Project Name/Number: EPL New Form Filing/EPL-F-0808-AR

Company and Contact

Filing Contact Information

Sean Hayes, Compliance Analyst shayes@navg.com
1375 E. Woodfield Rd. (847) 285-9042 [Phone]
Schaumburg, IL 60173 (847) 230-1934[FAX]

Filing Company Information

Navigators Insurance Company CoCode: 42307 State of Domicile: New York
1375 E. Woodfield Rd. Group Code: 510 Company Type: P&C
Schaumburg, IL 60173 Group Name: Navigators Group, State ID Number:
Inc.
(847) 285-9006 ext. [Phone] FEIN Number: 13-3138390

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Navigators Insurance Company	\$50.00	12/02/2008	24253255

<i>SERFF Tracking Number:</i>	<i>NAVG-125926847</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/09/2008	12/09/2008

<i>SERFF Tracking Number:</i>	<i>NAVG-125926847</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Employment Practices Liability</i>		
<i>Project Name/Number:</i>	<i>EPL New Form Filing/EPL-F-0808-AR</i>		

Disposition

Disposition Date: 12/09/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	NAVIG-125926847	State:	Arkansas
Filing Company:	Navigators Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	EPL-F-0808-AR		
TOI:	17.1 Other Liability - Claims Made Only	Sub-TOI:	17.1010 Employment Practices Liability
Product Name:	Employment Practices Liability		
Project Name/Number:	EPL New Form Filing/EPL-F-0808-AR		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Amend Notice of Claim	Approved	Yes
Form	Amend Application Severability	Approved	Yes
Form	State Amendatory Inconsistency	Approved	Yes
Form	Amend Settlement Clause	Approved	Yes
Form	Amend Notice of Claim	Approved	Yes
Form	Amend Policy Termination	Approved	Yes

SERFF Tracking Number: NAVG-125926847 State: Arkansas

Filing Company: Navigators Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: EPL-F-0808-AR

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability

Product Name: Employment Practices Liability

Project Name/Number: EPL New Form Filing/EPL-F-0808-AR

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amend Notice of Claim	NAV-EPL-039	12/08	Endorsement/Amendment/Conditions	Replaced Form #: Previous Filing #:		NAV-EPL-039 Amend Notice of Claim_knowledge_12-08.pdf
Approved	Amend Application Severability	NAV-EPL-052	12/08	Endorsement/Amendment/Conditions			NAV-EPL-052 Amend Application Severability.pdf
Approved	State Amendatory Inconsistency	NAV-EPL-053	12/08	Endorsement/Amendment/Conditions			NAV-EPL-053 State Amendatory Inconsistency.pdf
Approved	Amend Settlement Clause	NAV-EPL-054	12/08	Endorsement/Amendment/Conditions			NAV-EPL-054 AMEND SETTLEMENT CLAUSE_80-20 hammer_.pdf
Approved	Amend Notice of Claim	NAV-EPL-055	12/08	Endorsement/Amendment/Conditions			NAV-EPL-055 Amend Notice of Claim_Knowledge_.pdf
Approved	Amend Policy Termination	NAV-EPL-056	12/08	Endorsement/Amendment/Conditions			NAV-EPL-056 Amend Policy Termination

<i>SERFF Tracking Number:</i>	<i>NAVG-125926847</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Employment Practices Liability</i>		
<i>Project Name/Number:</i>	<i>EPL New Form Filing/EPL-F-0808-AR</i>		

_Bankruptcy
_.pdf

Policy Number:

Endorsement No.

**Amend Notice of Claim
(knowledge)**

It is hereby understood and agreed that Policy Section VII., NOTICE OF CLAIM, A. is deleted entirely and replaced with the following:

- A. The INSUREDS shall, as a precedent to their rights under this Policy, shall give the INSURER notice in writing of any CLAIM which is first made during the Policy as soon as practicable after the Chief Executive Officer, Chief Financial Officer, General Counsel, or Risk Manager or any EMPLOYEES within the human resource department with personnel and risk management responsibilities of the COMPANY becomes aware of such CLAIM, but in no event later than sixty (60) days after the end of the POLICY PERIOD.

All other terms and conditions of this Policy remain the same.

Policy Number:

Endorsement No.

Amend Application Severability

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

It is agreed that **Section VIII. GENERAL CONDITIONS, C. REPRESENTATIONS AND WARRANTIES** is deleted in its entirety and replaced with the following:

C. REPRESENTATIONS AND WARRANTIES

It is agreed by the INSURED that the particulars and statements contained in the APPLICATION and any information provided therewith (which shall be on file with the Insurer and be deemed attached hereto as if physically attached hereto) are the basis of this Policy and are to be considered as incorporated in and constituting a part of this Policy. It is further agreed by the INSURED that the statements in the APPLICATION or in any information provided therewith are their representations, that they are material and that this Policy is issued in reliance upon the truth of such representations; provided, in the event that the APPLICATION contains misrepresentations made with the actual intent to deceive, or contains misrepresentations which materially affect either the acceptance of the risk or the hazard assumed by Underwriters under this Policy, this Policy shall be void and have no effect whatsoever with respect to those INSUREDS who made or had knowledge of such misrepresentations. Knowledge of any matter which may give rise to a claim or any misrepresentation made by an EXECUTIVE OFFICER shall be imputed to the COMPANY, but will not be imputed to any individual EMPLOYEE who had no knowledge of the matter which may give rise to a claim or the misrepresentation.

Nothing herein contained shall be held to vary, alter, waive or extend any of the following terms, conditions, provisions, agreements or limitations of the Policy other than as above stated.

Policy Number:

Endorsement No.

STATE AMENDATORY INCONSISTENCY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

It is hereby agreed and understood that Section **VIII. GENERAL CONDITIONS** is amended by adding the following,

State Amendatory Inconsistency

In consideration of the premium charged, it is hereby understood and agreed that in the event that there is an inconsistency between a state amendatory endorsement attached to this Policy and any term or condition of this Policy, then it is understood and agreed that, where permitted by law and the public policy of the state of domicile, the INSURER shall apply those terms and conditions of either the amendatory endorsement or the Policy which are more favorable to the INSURED.

Nothing herein contained shall be held to vary, alter, waive or extend any of the following terms, conditions, provisions, agreements or limitations of the Policy other than as above stated.

Policy Number:

Endorsement No.

**AMEND SETTLEMENT CLAUSE
(80 / 20 Allocation)**

It is hereby understood and agreed that Policy Section **VII. NOTICE OF CLAIM**, D. is deleted entirely and replaced with the following:

If the INSURED shall refuse to consent to any settlement or compromise recommended by INSURER and acceptable to the claimant and elects to contest the CLAIM, Insurer's liability for any LOSS shall not exceed: (1) the amount for which the INSURER could have settled such CLAIM plus DEFENSE COSTS incurred as of the date such settlement was proposed in writing by the INSURER, ("Settlement Amount") plus (2) 80% of covered LOSS in excess of such Settlement Amount, it being a condition of this Policy that the remaining 20% of such LOSS excess of the Settlement Amount shall be carried by the INSURED at their own risk and be uninsured. Notwithstanding the foregoing, this paragraph shall not apply until the Settlement Amount exceeds the Retention amount stated in Item 4 of the Declarations.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, provisions, agreements or limitations of the above mentioned Policy other than as above stated.

Policy Number:

Endorsement No.

Amend Notice of Claim

(knowledge)

It is hereby understood and agreed that Policy Section **VII. NOTICE OF CLAIM**, A. is deleted entirely and replaced with the following:

- A. The INSUREDS shall, as a precedent to their rights under this Policy, shall give the INSURER notice in writing of any CLAIM which is first made during the Policy as soon as practicable after the General Counsel, or Risk Manager or any EMPLOYEES within the human resource department with personnel and risk management responsibilities of the COMPANY becomes aware of such CLAIM, but in no event later than sixty (60) days after the end of the POLICY PERIOD.

All other terms and conditions of this Policy remain the same.

Policy Number:

Endorsement No.

Amend Policy Termination (Bankruptcy)

It is hereby understood and agreed that Section **VIII. GENERAL CONDITIONS, B.**

TERMINATION (2) is deleted in its entirety.

All other terms and conditions of this policy remain the same.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Approved	12/09/2008
Comments:				
Attachment:	AR Transmittal Doc 0808.pdf			

Property & Casualty Transmittal Document

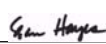
Reset Form

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Navigators Group				Group NAIC #	510
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Navigators Insurance Company	New York	42307	13-3138390			

5. Company Tracking Number	EPL-F-0808-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Sean Hayes 1375 E Woodfield Rd Suite 720 Schaumburg, IL 60173	Compliance Analyst	847-285-9042	847-230-1934	shayes@navg.com
7. Signature of authorized filer		 <small>Digitally signed by Sean Hayes DN: cn=Sean Hayes, o=US, ou=Navigators Insurance Company, ou=Compliance Dept., email=shayes@navg.com Date: 2008.12.02 11:55:58 -0600</small>		
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.1 Other Liability-Claims Made Only
10. Sub-Type of Insurance (Sub-TOI)	17.1010 Employment Practices Liability
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Employment Practices Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: Approval Renewal: Approval
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. **Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

We are submitting the above referenced new forms for your review and approval. Upon approval, these forms will be used with our Employment Practices Liability Program which has being previously approved by your state. The endorsements amend our approved Employment Practices Liability Insurance Policy. There is no additional premium charge for these endorsements. We reserve the right to change fonts and layouts. Please make the effective date of the filing the date of your approval.

[View Complete Filing Description](#)

22. **Filing Fees** (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT

Amount: 50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	EPL-F-0808-AR			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Amend Notice of Claim	NAV-EPL-039 (12/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NAV-EPL-039 (12/07)	
02	Amend Application Severability	NAV-EPL-052 (12/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	State Amendatory Inconsistency	NAV-EPL-053 (12/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Amend Settlement Clause	NAV-EPL-054 (12/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Amend Notice of Claim	NAV-EPL-055 (12/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Amend Policy Termination	NAV-EPL-056 (12/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

☐ Rate Increase

☐ Rate Decrease

☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)						
4a.	Rate Change by Company (As Proposed)						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
4b.	Rate Change by Company (As Accepted) For State Use Only						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
7.	Effective Date of last rate revision	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	